



**Corrections Standards Authority
Juvenile Accountability Block Grants (JABG)
2010/2011 Quarterly Progress Report**

Grantee (or Applicant Agency): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Grant Award Number: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <small>(This is your current contract number)</small>	
Implementing Agency (Agency providing services): <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>		Grant Period: <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> to <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Reporting Period: Year: 20		Project Title: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	
July-Sept <input type="checkbox"/> 1 st Qtr Oct - Dec <input type="checkbox"/> 2 nd Qtr			
Jan - March <input type="checkbox"/> 3 rd Qtr April - June <input type="checkbox"/> 4 th Qtr			
Prepared by: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Title: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>		Date Submitted: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Phone: (<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Email: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
<input type="checkbox"/> Evidence-based Project. <input type="checkbox"/> Project based on promising practice. Cite program model used and specify source of Model: (i.e. OJJDP Model Programs Website)			
Specify Program Purpose Area(s) identified in your Application:			Federal Grant Funds Awarded this year: \$
Group(s) Served Check all that apply	Group(s) Targeted Check all that apply	Population	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	American Indian/Alaskan Native Asian Black/African American Hispanic or Latino Native Hawaiian & other Pacific Islander Other White/Caucasian	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	First Time Offenders Repeat Offenders Sex Offenders Status Offenders Violent Offenders	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Male Female	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 & under 12-13 14-15 16-17 18 and over	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rural Suburban Tribal Urban	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mental Health Pregnant Substance Abuse Truant/Dropout	

Revised 2010

FOR CSA USE ONLY

Date entered in DCTAT _____

Funding Year(s) _____

Field Rep/Consultant _____

**Corrections Standards Authority
Juvenile Accountability Block Grants (JABG)
2010/2011 Quarterly Progress Report**

SECTION 1. NUMBER OF PROGRAM PARTICIPANTS

Number of Participants Served					
Projected # for Year: <input type="text"/>	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Year to Date
	Jul-Sept 10	Oct-Dec 10	Jan-Mar 11	Apr-Jun 11	
# Carried Over from Previous Qtr./Fiscal Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# New Admissions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# Total Served During Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2. FEDERAL PERFORMANCE MEASURES

There are 17 Program Purpose Areas (PPA) in the JABG program. Grantees may have utilized funds for one or more of these PPAs. Each PPA requires separate reporting. Each program purpose area provides direct services or systems change. Duplicate (copy and paste) this section, as needed for additional PPAs. Report data in only one category per PPA. Each section represents mandatory data for reporting. All grantees should have data in each of the a., b., c., sections unless the project does not provide direct services to youth. (i.e. Program Purpose Area 2 is Corrections/Detention Facilities, a project may be restoring or remodeling the Juvenile Hall, no youth are actually served).

A. Program Purpose Area # and name:

B. CATEGORY 1: DIRECT SERVICE PROGRAMS <input type="checkbox"/>					
	TYPE	MEASURE	REPORTING FORMAT	DATA THIS QUARTER ONLY	CUMULATIVE DATA TO DATE*
I.	Output	Number and percent of eligible youth served using graduated sanctions approaches	a. Number of youth admitted to graduated sanctions program b. Number of youth admitted into any grantee program c. Percent (a/b)	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>
II.	Short-Term Outcome	Number and percent of program youth completing program requirements	a. Number of program youth who exited the program having completed program requirements b. Number of youth who exited the program c. Percent (a/b)	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>
III.	Long-Term Outcome	Number and percent of program youth who re-offend	a. Number of youth with a new offense b. Number of youth in program c. Percent (a/b)	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>

*Cumulative to Date: add this Reporting Period number and Cumulative to Date number from last reporting period

**Corrections Standards Authority
Juvenile Accountability Block Grants (JABG)
2010/2011 Quarterly Progress Report**

C. CATEGORY 2: SYSTEM CHANGE PROGRAMS <input type="checkbox"/>					
	TYPE	MEASURE	REPORTING FORMAT	DATA THIS QUARTER ONLY	CUMULATIVE DATA TO DATE*
I.	Output	Amount of JABG funds awarded for system improvement	Funds awarded to program for services	\$ <input type="text"/>	\$ <input type="text"/>
II.	Short-Term Outcome	Number and percent of programs/initiatives employing best practices	a. Number of program/initiatives employing best practices b. Number of programs/initiatives c. Percent (a/b)	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>
III.	Intermediate-Term Outcome	Number and percent of eligible youth served using Graduated Sanctions approaches	a. Number of youth admitted to graduated sanctions program b. Number of youth admitted into any grantee program c. Percent (a/b)	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>
V.	Intermediate-Term Outcome	Number and percent of youth with whom a best practice was used	a. Number of youth with whom a best practice is used b. Number of youth c. Percent (a/b)	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>
VI.	Long-Term Outcome	Number and percent of program youth who re-offend	a. Number of youth with a new offense b. Number of youth in program c. Percent (a/b)	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>	a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>

*Cumulative to Date: add this Quarter Reporting Period number and Cumulative to Date number from last reporting period

Explain all zero reported data: (i.e. Project does not provide direct services to youth)

Other comments, if any, pertaining to data:

SECTION 3. PROJECT STATUS

A. Staffing – Indicate whether all positions included in the application have been filled (other than those previously addressed through a formal program modification). If positions remain unfilled, what is the plan and anticipated outcome for staffing of the program? Are surplus funds anticipated due to salary savings, and what is the plan for these funds?

B. Expenditure Status – In relation to the overall grant budget, are federal funds being expended as planned and on schedule? Are matching funds being claimed as planned? If not, please explain why, and describe what expenditure plans exist for the duration of the grant period.

**Corrections Standards Authority
Juvenile Accountability Block Grants (JABG)
2010/2011 Quarterly Progress Report**

- C. Problem Identification** – Describe problems the project has encountered during the reporting period, if any, particularly those that may be affecting project effectiveness or have the potential for affecting program outcomes. Examples of areas where problems of this nature may exist are program administration, service delivery, rate of referrals and participant enrollment. Indicate the steps taken to resolve any problems mentioned.

- D. Project Changes** – Describe major changes or modifications that have taken place in the reporting period, if any. This should include budget, project management, service delivery, or changes to contact persons listed in the original application.

- E. Proposed Changes** – Describe any changes that are being proposed to improve the program within the next reporting period. (Note that some changes may require a formal Budget/Program Modification to be approved by your Field Representative.)

- F. Activities** – Describe any significant program activities anticipated in the next reporting period (i.e., award ceremonies, graduation ceremonies, media events).

- G. Goals and Progress** – Identify the project goals and the progress associated with each goal.

SECTION 4. TECHNICAL ASSISTANCE
--

Technical assistance requested:

SECTION 5. FINAL REPORT

Complete this section for the final reporting period only, in addition to all other sections of the Progress Report.

- A.** Discuss overall program effectiveness. Specifically, how have the problems identified in the application been addressed? What progress has been made in the program's ability to promote juvenile accountability, and prevent or reduce juvenile crime in your community?

- B.** Describe collaboration efforts with other agencies throughout the grant period.

- C.** Describe efforts the project has made toward program sustainability beyond the grant period.

**Corrections Standards Authority
Juvenile Accountability Block Grants (JABG)
2010/2011 Quarterly Progress Report**

- D. Describe recommended program modifications/improvements should the program be replicated or continued.

- E. Describe lessons learned from the program.

- F. What data, above and beyond the Federal Performance Measures, have been collected related to this project that support outcomes demonstrating program effectiveness? What are the successful outcomes?

***Submit one copy of the report to your assigned
Field Representative electronically or a hard copy to:
Corrections Standards Authority 600 Bercut Drive, Sacramento, CA 95811***

For CSA Use Only

Field Representative Reviewing Report:

Date Reviewed:

Comments: